MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09684

Reg. Dist. No. 23

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Severn
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 9 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Anne Arundel
City or town: Severn Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME
Ellen V. Adams.

3. (b) Social Security Number

4. Sex: F.
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Wm. G. Adams.
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): April 12 - 1880
8. AGE: Years 59 | Months 6 | Days 9 | If less than one day ____ hrs. ____ min.
9. Birthplace: Balto Md (Town, county, and state)
10. Usual occupation: Housewife.
11. Industry or business
FATHER
12. Name: Tobias Ackers
13. Birthplace: Balto Md
MOTHER
14. Maiden name: Iowa V. Merryman
15. Birthplace: Balto Md.
16. Informant: Wm. G. Adams
Address: Severn Md
17. Burial (Burial, cremation, or removal, Which?) Date thereof 10/24/39. (month) (day) (year)
Cemetery or crematory: Western Cemetery
Location: Edmonson Ave.
18. Funeral director: C. E. Schimunek
Address: 2601-03 E. MADISON. ST. (BALTO. MD)
19. Oct 23 1939 (Date rec'd by registrar) Mr DeAlba Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 21-39, at 4:20 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 14 1939, to Oct 21 1939, and that I last saw her alive on Oct 21-39 19
Immediate cause of death: Lobar Pneumonia — DURATION
Due to
Due to — 2 yrs.
Other conditions: Chronic Nephritis. Cerebral Hemorrhage. — 2 days
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Joseph Lipsky M. D. or other
Address: Odenton Md Date signed Oct 21-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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NOV 4 1930
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

69685

(92-a)

1. PLACE OF DEATH

County Anne Arundel. Registration Dist. No. 21 -

Village or City Round Bay - No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Baitz -

(a) Residence: No. Round Bay. Severn Pk. P.O. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Baitz.

6. DATE OF BIRTH (month, day, and year) July 12, 1875 -

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Tailor.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Clothing.

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation all his life

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME Henry Baitz.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Emma Lans.

16. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

17. INFORMANT Mrs. Miriam Berry. (Address) Severn Pk. Md.

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Cem. Date Oct 16. 1939.

19. UNDERTAKER W. E. Cook (Address) 1217 St. Paul St. Balto. Md.

20. FILED Oct 13, 1939 M. DeGallo Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 13 (Month) (Day), 1939. (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1939, to Oct 13, 1939

I last saw him alive on Oct 13, 1939; death is said to have occurred on the date stated above, at 5. A. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Chronic Infectious Endocarditis	Feb. 1939.
Other **Contributory Causes** of importance:	
Sepsemia (Streptococcus Viridans)	Feb. 1939.

Name of operation None. Date of -

What test confirmed diagnosis? Symptom Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James S. Ballinglee M. D.

(Address) Glen Burnie. Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09686

1. PLACE OF DEATH (159)

County Anne Arundel Registration Dist. No. 26

Village or City Deale No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Bowen # 1

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, end year) Oct. 30- 1939

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	.	1/2 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month end year)

11. Totel time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Deale, Md.

FATHER

13. NAME Eugene E. Bowen

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

MOTHER

15. MAIDEN NAME Hattie P. Wood

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

17. INFORMANT Eugene E. Bowen (Address) Dudley A. & Co Md

18. BURIAL, CREMATION, OR REMOVAL Place Calvert Co. Date Oct. 30, 1939

19. UNDERTAKER J. A. Hardesty & Son. (Address) Hallsville Md.

20. FILED Oct. 30, 1939 J. B. Dent. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 30 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from October 30, 1939, to Same day, 19

I last saw h.. alive on Oct. 30, 1939; death is said to have occurred on the date stated above, at 4:30 P.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of Importance were as follows:

	Date of onset
Prematurity	

Other **Contributory Causes** of Importance:

Name of operation Dete of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel M. Pereiel, M.D. M.D.

(Address) Annapolis, Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09687

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (159)

County Anne Arundel Registration Dist. No. 26

Village or City Deale No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Bowen #2

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct - 30 - 1939

7. AGE	Years	Months	Days	If LESS then 1 day, hrs. or min.
	—	—	—	1

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sudley Md
(State or country)

FATHER

13. NAME Eugene E. Bowers

14. BIRTHPLACE (city or town) Calvert Co. Md
(State or country)

MOTHER

15. MAIDEN NAME Hattie P. Wood

16. BIRTHPLACE (city or town) Calvert Co Md
(State or country)

17. INFORMANT Eugene Bowers
(Address) Sudley Md

18. BURIAL, CREMATION, OR REMOVAL
Place Calvert Co Date Oct 30, 1939

19. UNDERTAKER J. A. Hardesty & Son
(Address) Galesville Md

20. FILED Oct 30, 1939 J. B. Dent
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 30 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1939, to Same day, 19

I last saw him alive on Oct 30, 1939; death is said to have occurred on the date stated above, at 4:45 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Prematurity	

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel M. Reighet M.D. M. D.

(Address) Annapolis Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09688

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County A. A. Registration Dist. No. 21

Village or City Parole Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James H. Bowie If U. S. Veteran, specify WAR

(a) Residence: No. Parole St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Bowie

6. DATE OF BIRTH (month, day, and year) Aug. 28

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	1	31	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harwood (State or country) A. A.

FATHER

13. NAME Harry Bowie

14. BIRTHPLACE (city or town) Harwood (State or country) A. A.

MOTHER

15. MAIDEN NAME Eliza Bowie

16. BIRTHPLACE (city or town) Harwood (State or country) A. A.

17. INFORMANT Sarah Bowie (Address) Parole

18. BURIAL, CREMATION, OR REMOVAL Place Brewer Hill Date Oct. 23, 1939

19. UNDERTAKER J. B. Johnson (Address) Annapolis

20. FILED 10/23/1939 J. M. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. (Month) 19 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1939 to Oct 19th, 1939

I last saw h[im] alive on Oct 19th, 1939; death is said to have occurred on the date stated above, at 6:10 pm.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct 14th 1939
Other Contributory Causes of importance:	
Acute Gastro Enteritis	Oct 14th

Name of operation None Date of

What test confirmed diegnosis? Was there an autopsy? No

23. If death was due to external ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

Neture of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. L. Richardson M. D.

(Address) 110 Clay St. Annapolis Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
NOV 6 1930
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (94b) Reg. Dist. No. 22

09689

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County A. A.

(b) City or town Hanover (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 17

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County A. A.

(c) City or town Hanover Md (PO) (If outside city or town limits, write RURAL and give town)

(d) Street No. Camp Meade (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Rezin Dennis Boyer

3 (b) If veteran, name war None

3 (c) Social Security X No. 217-03-0902

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Edna Eleanor Boyer

6. (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Dec. 20 - 1890

8. **AGE:** Years 48 | Months 9 | Days 12 | If less than one day _____ hr. _____ min.

9. Birthplace Severn Md (Town, county, and state)

10. Usual occupation Chauffeur

11. Industry or business Bus driver

FATHER
12. Name Josephus Boyer
13. Birthplace Severn Md

MOTHER
14. Maiden Name Victoria Gaither
15. Birthplace Odenton Md.

16 (a) Informant Edna E. Boyer
(b) Address Camp Meade Rd. A.A.Co.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 5 1939 (month) (day) (year)
(c) Cemetery or crematory Friendship Cem
Location A.A. Co.

18 (a) Funeral director Wm Cook
(b) Address 1217 St Paul St

19 (a) Oct 2 1939 (Date rec'd by registrar) (b) W. L. Jones D.S. Registrar

MEDICAL CERTIFICATION

20. Date of death Oct. 2 1939, at 8 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1939, to Oct. 2 1939, and that I last saw him alive on Oct. 2 1939.

Immediate cause of death	Duration
Coronary artery disease	June 1939
Due to Arterio-sclerosis	1938
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas L. Ball Jr MD M. D. or other

Address Linthicum Date signed 10-2-39.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 14 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09690

1. PLACE OF DEATH (93-2)

County A. A. County Registration Dist. No. 20

Village or City Edgewater Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Sarah Ward Brady

(a) Residence: No. Edgewater Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. COLOR OR RACE white

5. ~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ (write the word)

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of ~~(or) WIFE of~~ Albert Brady

6. DATE OF BIRTH (month, day, and year) Sept 10, 1849

7. AGE Years 88 Months Days 23 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co.

FATHER

13. NAME John H. Ward

14. BIRTHPLACE (city or town) (State or country) Calvert Co.

MOTHER

15. MAIDEN NAME Mrs Louise Ward.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT (Address) Russell Wood Birdsville Md

18. BURIAL, CREMATION, OR REMOVAL Place Mt Zion Date Oct 6th, 1939

19. UNDERTAKER (Address) Harry Hutchins Owings Md

20. FILED Oct 5, 1939 H. R. Clayton Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 3 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1939, to Oct. 3, 1939

I last saw her alive on Sept 30, 1939; death is said to have occurred on the date stated above, at 9 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Chronic myocardial failure

Date of onset

Other Contributory Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ___

(Signed) Emily H. Wilson M. D.

(Address) Lothian, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED NOV 6 1929 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

09691

CERTIFICATE OF DEATH

Reg. Dist. No. 25

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Brooklyn, P.O. near Furnace Branch
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 67 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: A. A.

City or town: Brooklyn near Furnace Branch Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William Henry Brooks

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Negro

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Laura Hayes Brooks

6(c) If alive, give age: not known years

7. Birth date of deceased (mo., day, yr.): unk. ✓

8. AGE: Years: 67 Months: Days: If less than one day: hrs. min.

9. Birthplace: near Brooklyn, A.A. Co. Md
(Town, county, and state)

10. Usual occupation: Farm labor

11. Industry or business: general farming

FATHER
12. Name: John W. Brooks
13. Birthplace: Md

MOTHER
14. Maiden name: Melvina Walker
15. Birthplace: Md

16. Informant: Geo. W. Brooks
Address: Brooklyn P.O. Md

17. (Burial, cremation, or removal, Which?) Date thereof: Oct 23, 1939 (month) (day) (year)

Cemetery or crematory: Mt Calvary

Location: A-A Co.

18. Funeral director: James Hayes
Address: 142 W Hill St. Balto.

19. Oct 23 1939 (Date rec'd by registrar) Idus M. Whiteman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 20 1939, at 10 30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Post-Mortem 19 , to Examination 19 and that I last saw h alive on 19

Immediate cause of death: Cancer of Stomach

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Cancer of Stomach 6/27/39 at Johns Hopkins Hospital
Of autopsy: none

DURATION: 5/1/39 to 10/20/39

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: John M. Caffey Deputy medical examiner
M. D. or other

Address: Annapolis Md Date signed: 10/20/39

RECEIVED
NOV 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09692

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

(M)

(181)

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 20

Village or City Lothian No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residanca in city or town where death occurrad 80 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Atwell Brown (If U. S. Veteran, specify WAR)

(a) Residence: No. Lothian Rt 4, Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Mall	white	widowed

5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of: agnes Virginia Brown

6. DATE OF BIRTH (month, day, and year): Nov 1, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	11	19	

OCCUPATION

8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc.: Carpenter

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.:

10. Date decaased last workad at this occupation (month and yaar): 1920

11. Total tima (yaars) spant in this occupation: 60

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Lloyd Brown

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: Emily Atwell

16. BIRTHPLACE (city or town) (State or country): Lothian md

17. INFORMANT (Address): Mrs J. E. Jones Bath Ridge, Ill.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Zion Date Oct 21-39

19. UNDERTAKER (Addrass): B. L. Hopping annapolis Md.

20. FILED Oct 20 1939 H. R. Clayton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 19 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 11 1939 to Oct 19 1939

I last saw h... alive on Oct 19, 1939; death is said to have occurrad on tha data statad abova, at 10-40 P.M.

The PRINCIPAL CAUSE OF DEATH and relatad causes of importanca were as follows:

	Date of onset
Chronic Nephritis	1930
Arteriosclerosis	1935

Dthar Contributary Causes of Importance:

Cerebral Hemorrhag	Oct 10

Name of operation: none Date of:

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? Oate of Injury, 19

Whare did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disaase or injury in any way related to occupation of deceasad? no

If so, spacify

(Signed) Kennedy Dawson M. D.

(Addrass) Upper Marlboro Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED NOV 8 1930 BUREAU V.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (84)

09693

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 month, 7 days

Stay in this community (yrs., or mos., or days): -----

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: At Large

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1105 Mount Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ------

3. (a) FULL NAME: DONALD CAMPBELL (JONES)

3. (b) Social Security Number: ------

4. Sex: male

5. Color or race: black

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: -------

6(c) If alive, give age: ---- years

7. Birth date of deceased (mo., day, yr.): Maryland (1904)

8. AGE: Years: 35 Months: Unknown Days: If less than one day: hrs. mtn.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: -----

FATHER
12. Name: Eddy Campbell
13. Birthplace: Unknown

MOTHER
14. Maiden name: Eva Jones
15. Birthplace: Unknown

16. Informant: Hospital Records
Address: Grownsville, Maryland

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory: Asbutus Oct. 16. 39
Location: Baltimore. County.

18. Funeral director: Thomas E. Kelson
Address: 1303 Presstman. St.

19. Oct 11 1939 (Date rec'd by registrar) E. F. Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 11th 1939, at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 4th 1939, to Oct. 11th 1939, and that I last saw him alive on Oct. 11th 1939.

Immediate cause of death: Manic exhaustion

Due to: Manic excitement

Due to: Manic depressive psychosis manic type

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: ------

Of autopsy: -------

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: ---- Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): -----
Means of injury: ------ Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Crownsville, Md. Date signed: 10/11/39

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

09694

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: on Rock Creek - Pasadena P.O.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Water Oak Point

Stay in hospital or inst. (yrs., or mos., or days): none

Stay in this community (yrs., or mos., or days): 7 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Pasadena P.O. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Water Oak Point, Rock Creek
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: James Howard Carlin

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Evelyn Carlin

6(c) If alive, give age: 23 years

7. Birth date of deceased (mo., day, yr.): April 18, 1899.

8. AGE: Years: 40 Months: 6 5 Days: 27 If less than one day: hrs. min.

9. Birthplace: Chicago, Ill.
(Town, county, and state)

10. Usual occupation: Horseman

11. Industry or business: Racing

FATHER
12. Name: not known
13. Birthplace:

MOTHER
14. Maiden name: not known
15. Birthplace:

16. Informant: Mrs. Evelyn Carlin

Address: Pasadena P.O., Md

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory:

Location:

18. Funeral director: Harry H Witzke

Address: 4101 Edmondson Ave

19. 10-15 1939 L. A. Brett
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 15 1939, at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Post-mortem examination, and that I last saw h allvo on 19

Immediate cause of death	DURATION
Acute myocardial failure	10/15/39
Due to	
Due to Low blood pressure	7 mos.
Other conditions	

(Include pregnancy within 8 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: John M. Claffy Deputy medical examiner M. D. or other

Address: Annapolis, Md Date signed: 10/15/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 19 1989
U.S.D.A.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09695

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE LEGIBLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (94a)

County A. A. Registration Dist. No. 7

Village or City Spidmore No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Pearl H. Carr If U. S. Veteran, specify WAR

(a) Residence: No. Spidmore St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Carr

6. DATE OF BIRTH (month, day, and year) Aug. 1 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Spidmore (State or country) A. A.

FATHER

13. NAME Jefferson Carr

14. BIRTHPLACE (city or town) A. A. (State or country)

MOTHER

15. MAIDEN NAME Carrie Colbert

16. BIRTHPLACE (city or town) A. A. (State or country)

17. INFORMANT Ella Carr (Address) Spidmore

18. BURIAL, CREMATION, OR REMOVAL Place Broadneck Date Oct. 4, 1939

19. UNDERTAKER J. B. Simpson (Address) Annapolis

20. FILED Oct 4 1939 J. Munford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. 2 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1939 to Oct 2, 1939

I last saw him alive on Oct 2, 1939; death is said to have occurred on the date stated above, at 10 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Angina Pectoris	10/2/39
Other Contributory Causes of importance: Acute dilatation of stomach	10/2/39
Faulty diet	

Name of operation none Date of

Whet test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Neture of Injury

24. Was disease or injury in any wey related to occupation of deceased?

If so, specify

(Signed) J. Willis Martin M. D.

(Address) Annapolis, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09696

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 23-

Village or City Severn No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Dora Virginia Clark If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert F. Clark

6. DATE OF BIRTH (month, day, and year): Jun 11 - 1874

7. AGE: Years 65 | Months 4 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: House

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Work

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Daniel Allen

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Isabel Boyer

16. BIRTHPLACE (city or town) (State or country): Severn Md

17. INFORMANT (Address): Robert F. Clark Severn Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Friends Gpt. Cem. Date: Oct 16, 1939

19. UNDERTAKER (Address): Wm. J. Fielder & Sons Baltimore Md

20. FILED: Oct 16, 1939 Mrs. DeAlba Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 15 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1939, to Oct. 15, 1939

I last saw her alive on Oct 14, 1939; death is said to have occurred on the date stated above, at 1:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	1937-

Other Contributory Causes of Importance:

Acute Cholecystitis.	2 weeks
Intestinal Influenza.	2 weeks

Name of operation: None Date of

What test confirmed diagnosis? Symptom Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James S. Billingsley M. D.

(Address) Glen Burnie Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. James Bellingslea

STATE OF MARYLAND—CERTIFICATE OF DEATH

09697

82-a

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 21

Village or City Dudley (West River P.O.) No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Coates If U.S. Veteran specify WAR.

(a) Residence: No. Dudley, Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	negro	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle Coates

6. DATE OF BIRTH (month, dey, and year) Apr. 4, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Blacksmith

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Repair work

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) Davidsonville (State or country) Md

FATHER

13. NAME Joseph Coates

14. BIRTHPLACE (city or town) Davidsonville (State or country) Md

MOTHER

15. MAIDEN NAME Penny (Maiden name unknown)

16. BIRTHPLACE (city or town) Davidsonville (State or country) Md

17. INFORMANT Sylvanus Gross (Address) Churchton, Md

18. BURIAL, CREMATION, DR REMOVAL Place Mt Zion Cem. Date Oct 7, 1939

19. UNDERTAKER E. H. B. Parker (Address) 47 Washington St

20. FILED 10/6, 1939 J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. (Month) 5 (Day), 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Oct. 4, 1939, to Oct. 5, 1939 death is said to have occurred on the date stated above, at 10.45 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/5/39
Other Contributary Causes of importance:	
Arterio sclerosis	1935
Cerebral Hemorrhage	1935

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? No.

23. If death was due to external causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in eny way related to occupation of deceased? No

If so, specify

(Signed) John M. Coffey Deputy M. D.

(Address) Annapolis, Md Medical Examiner

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09698

STATE OF MARYLAND—CERTIFICATE OF DEATH

(122-2)

1. PLACE OF DEATH

County: A.A. Co Emergency Hospt. Registration Dist. No. 21

Village or City: Annapolis No. ..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Eluelyn Coates If U. S. Veteran, specify WAR .....

(a) Residence: No. 8 Taylor St. St., ... Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of: Joseph Howard Coates

6. DATE OF BIRTH (month, day, and year): Sept 6 1910

7. AGE: 29 Years: ~~30~~ 1910 Months: ~~Sept.~~ 1 Days: 6 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Maid

10. Date deceased last worked at this occupation (month and year): Oct. 14

11. Total time (years) spent in this occupation: 3½ yrs

12. BIRTHPLACE (city or town) (State or country): Annapolis md.

FATHER

13. NAME: Stephen Queen

14. BIRTHPLACE (city or town) (State or country): Annapolis md.

MOTHER

15. MAIDEN NAME: Annie Parker

16. BIRTHPLACE (city or town) (State or country): Annapolis md.

17. INFORMANT (Address): Annie Queen 8 Taylor St.

18. BURIAL, CREMATION, OR REMOVAL Place: Brew Hill Date: Oct. 23, 1939

19. UNDERTAKER (Address): Chas H. Alexander 43-45 Northwest St. Annapolis Md.

20. FILED: 10/21, 1939. J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. (Month) 19 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1939, to Oct 19, 1939

I last saw her alive on Oct. 19, 1939; death is said to have occurred on the date stated above, at 19 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	10/14/39

Other Contributory Causes of importance: Intestinal adhesions 1936

Name of operation: Cesarian Date of 1936

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. Willis Martin M. D.

(Address) Annapolis, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-0)

CERTIFICATE OF DEATH

09699

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 6 months, 7 days

Stay in this community (yrs., or mos., or days): -----

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1219 West Lanvale St.,
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: -------

3. (a) FULL NAME: MARY COLE

3. (b) Social Security Number: --------

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	black	single

6 (b) Name of husband or wife: --------

6(c) If alive, give age: ----- years

7. Birth date of deceased (mo., day, yr.): 1859?

8. AGE: Years: 80? Months: Unknown Days: If less than one day: ____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Unknown

11. Industry or business: -----

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-5-39 (month) (day) (year)
Cemetery or crematory: Mt. Calvary
Location: A.A.Co. Md.

18. Funeral director: Mrs. Katie R. Williams
Address: 322 N. Schroeder St.

19. 11/2 - 9 19 E. F. Joyce Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 31st 19 39, at 7:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 24th 19 39, to Oct. 31st 19 39, and that I last saw her alive on Oct. 31st 19 39.

Immediate cause of death	DURATION
Chronic myocarditis	
Due to Acute dilatation of the heart	
Due to	
Other conditions: General arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: -----
Of autopsy: -------

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ----- Date of:
Where did injury occur? ----- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): -----
Means of injury: ---- Injured at work?

23. SIGNATURE: Thos. J. Thompson M. D. or other
Address: Crownsville, Maryland Date signed 10/31/3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

09700

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Annapolis Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days): 0
Stay in this community (yrs., or mos., or days): 0

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Anne Arundel
City or town: Annapolis Box 71 Route I. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ~~Emergency Hospital~~
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Baby Boy Cook.
WITHIN CORPORATE LIMITS OF
3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced:
6 (b) Name of husband or wife: Stillborn Child
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years: Child Months: Days: Stillborn. If less than one day ____ hrs. ____ min.
9. Birthplace: Emergency Hospital, Annapolis
(Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER
12. Name: Samuel Lee Cook.
13. Birthplace: Columbia South Carolina
MOTHER
14. Maiden name: Margaret Lavinia Pontall
15. Birthplace: Lenora South Carolina
16. Informant: Samuel Cook
Address: Box 71 Route I Annapolis
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 24 1989 (month) (day) (year)
Cemetery or crematory: Weems Creek Calvary
Location: Weems Creek
18. Funeral director: T. A. Hardesty & Son
Address: Galesville, Md.
19. 10 24 1939 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10-23-1939, at 9 10 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.
Immediate cause of death: Stillborn Baby
Due to: Hydrocephalus
Due to:
Other conditions: None
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: No

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Albert L. Anderson M.D.
M. D. or other
Address: Annapolis, Md. Date signed: 10/24/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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BUREAU V. S.

09701

STATE OF MARYLAND—CERTIFICATE OF DEATH

(131)

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 23 -

Village or City Ferndale No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? — yrs. — mos. ___ ds.

2. FULL NAME Leonora Olivia Cromwell If U. S. Veteran, specify WAR —

(a) Residence: No. Ferndale Md. St., Ward. —

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Basil Cromwell.

6. DATE OF BIRTH (month, day, and year) Feb. 20, 1859

7. AGE Years 80 Months 8 Days 10 - If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. at home.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. at home.

10. Date deceased last worked at this occupation (month and year) all her life

11. Total time (years) spent in this occupation all her life

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Maryland.

FATHER

13. NAME William H. Downs

14. BIRTHPLACE (city or town) (State or country) A. A. Co. Maryland.

MOTHER

15. MAIDEN NAME Elizabeth Williams -

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Maryland

17. INFORMANT (Address) Mrs Mary Kaiser Ferndale Md.

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Cem. Date Nov 2, 1939

19. UNDERTAKER (Address) Wm. Tuckner & Son. Baltimore Md.

20. FILED 31 Oct, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 30 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1939, to Oct 30, 1939

I last saw her alive on Oct 30, 1939; death is said to have occurred on the date stated above, at 7 45 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1937 -
Other Contributory Causes of importance:	
Arterio Sclerosis -	1937.

Name of operation None Date of —

What last confirmed diagnosis? Symptom Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) James S. Billingsley M. D.

(Address) Glen Burnie Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09702

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 23

Village or City Ferndale No. 5th Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Walter S. Czaczka If U. S. Veteran, specify WAR

(a) Residence: No. 5th ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: None.

6. DATE OF BIRTH (month, day, and year): Jan. 21, 1923

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: School

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: V

10. Date deceased last worked at this occupation (month and year): V

11. Total time (years) spent in this occupation: V

12. BIRTHPLACE (city or town) (State or country): Balto., Md

FATHER

13. NAME: Victor Czaczka

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Agnes Dobrostin

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT (Address): Victor CZACZKA Ferndale, Md

18. BURIAL, CREMATION, OR REMOVAL Place: Holy Cross. Date: Nov. 2, 1939

19. UNDERTAKER (Address): Thomas W. Singleton Glen Burnie, Md.

20. FILED: Nov. 1, 1939 M. Scalia Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 31, (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1939, to Oct. 31, 1939

I last saw h.. alive on Oct. 31, 1939; death is said to have occurred on the date stated above, at 3:45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct 27, 1939
Pneumococcus Meningitis	Oct 31, 1939

Other Contributory Causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury: None

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Harry M. Moore M. D.

(Address) Glen Burnie, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1928*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09703

STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (34)

County Anne Arundel Registration Dist. No. 22

Village or City Jessup, Maryland. No. Maryland House of Correction St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Davis If U. S. Veteran, specify WAR No

(a) Residence: No. 923 N. Carrollton Ave. St., Ward. Baltimore Md.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Black	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) June 25, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Tailor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chestertown, Md.
(State or country)

FATHER

13. NAME John Davis

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Martha Davis

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Louise Duckett
(Address) 923 N. Carrollton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Chestertown Md. Date Oct 5, 1939

19. UNDERTAKER Maurice L. Williams
(Address) Chestertown Maryland

20. FILED Oct 3, 1939 Clara M. Hackett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
October (Month) 3rd, (Day) 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 10th, 1939, to October 3rd, 1939

I last saw him alive on October 3rd., 1939; death is said to have occurred on the date stated above, at 7.15 A.M.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importence were as follows:

	Date of onset
Heart Failure, following	
Chronic Asthma.	May
Hypostatic Pneumonia	1939

Othar **Contributory Causes** of importance:

Luetic.	
Chronic Asthmatic	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Data of injury ....., 19.....

Where did injury occur?
(Specify city or town, county and State)

Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was diseasa or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. H. Phillips M. D.

(Address) Jessups, Maryland.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (95-C) Reg. Dist. No. 21

09704

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Anne Arundel

(b) City or town Sunset Beach (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 1Yr

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County anne arundel

(c) City or town Sunset Beach (If outside city or town limits, write RURAL and give town)

(d) Street No. on Stony Creek (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Katherine Curtain Diffenderfer

3 (b) If veteran, name war -------

3 (c) Social Security No. ----------

4. Sex F

5. Color or race W

6 (a) ~~Single, married,~~ widowed, or ~~divorced.~~ Widow

6 (b) Name of husband or wife James E. Diffenderfer

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3rd, 1852

8. AGE: Years 87 | Months 3 | Days 4 | If less than one day _____ hr. _____ min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name James Curtain

13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Katherine Ebert

15. Birthplace Balto. Md.

16 (a) Informant Mrs. Margaret D. Truitt

(b) Address 2200 Arden Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9th, 1939 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Balto Md

18 (a) Funeral director Latrum & Love

(b) Address 2224 N. Charles St

19 (a) 10-7-39 (Date rec'd by registrar) (b) L. A. Brent Registrar

MEDICAL CERTIFICATION

20. Date of death October 7th, 1939, at 11.10A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 4 1939, to Oct. 7 1939, and that I last saw him alive on Oct. 6 1939.

	Duration
Immediate cause of death Bronchopneumonia	3 Days
Due to Bronchitis	4 Days
Due to	
Other conditions Chronic myocarditis Hypertension	?

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L. A. Brent, M. D. (M. D. or other)

Address Pasadena, Md. Date signed 10-7-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09705

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Annapolis Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 38 Cornhill

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: Annapolis Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 38 Cornhill
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: Worlds War

3. (a) FULL NAME: Benjamin Allen Wiggs

WITHIN CORPORATE LIMITS OF

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: Col.

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: None

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Jan. 12 1891

8. AGE: Years: 48 Months: 2 Days: 12 If less than one day ____ hrs. ____ min.

9. Birthplace: Anne Arundel Co. Annapolis Md.
(Town, county, and state)

10. Usual occupation: Messagener in Navy Academy

11. Industry or business

FATHER
12. Name: Benjamin A Wiggs Sr.
13. Birthplace: Anne Arundel Co.

MOTHER
14. Maiden name: Frances Waters
15. Birthplace: Anne Arundel Co.

16. Informant: Mrs Mamie Chase

Address: 38 Cornhill St. Annapolis Md.

17. ____ (Burial, cremation, or removal. Which?) Date thereof: Oct. 29 1939 (month) (day) (year)

Cemetery or crematory: Brew Hill

Location: outside city on Washington Rd.

18. Funeral director: Chas. H. Alexander

Address: 43 & 45 Northwest St.

19. 10/28 1939 (Date rec'd by registrar) J. M. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 26 1939, at 5:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 26 1938, to Oct 25 1939, and that I last saw him alive on Oct 25 1939.

Immediate cause of death: Chr. Myocarditis (Decompensated)

Due to: Unknown

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION: 15 mos.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Mamie F. Klawans, Me
M. D. or other

Address: 31 Smith Gate Av Date signed: 10/28/39

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NOV 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09706

1. PLACE OF DEATH

County Anne Arundel Co. Registration Dist. No. 21

Village or City Annapolis Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Dowans If U. S. Veteran, specify WAR World war

(a) Residence: No. 11 Rideout St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Martha Dowans

6. DATE OF BIRTH (month, day, and year) May 12, 1889

7. AGE: 50 Years: 50 Months: 5 Days: 2 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Power house

10. Date deceased last worked at this occupation (month and year) 3 yrs.

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) West River A.A. Co

FATHER

13. NAME Richard Dowans

14. BIRTHPLACE (city or town) (State or country) West River A.A. Co

MOTHER

15. MAIDEN NAME Elizabeth Hicks

16. BIRTHPLACE (city or town) (State or country) West River A.A. Co.

17. INFORMANT (Address) Martha Dowans 11 Rideout St.

18. BURIAL, CREMATION, OR REMOVAL

Place Soldiers Cemetery Date Oct. 18, 1939

19. UNDERTAKER (Address) Chas H Alexander 43 & 45 North West

20. FILED 10/18-39 19 J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 15th (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 10th, 1939, to Oct 15th, 1939

I last saw him alive on Oct 15th, 1939; death is said to have occurred on the date stated above, at 3:00 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct 10th 1889

Other Contributory Causes of importance: None

Name of operation Date of

What last confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. L. Richardson M. D.

(Address) 110 Clay St. Annapolis Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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OCT 20 1933
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

HEALTH DEPARTMENT—CITY OF BALTIMORE

09707

CERTIFICATE OF DEATH (8)

1. PLACE OF DEATH A. A. Co.

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

~~CITY OF BALTIMORE:~~ (No. Harmon Md St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Drumwright

If U. S. Veteran specify WAR .....

(a) Residence: No. Harmon Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Negro	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 30, 1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
new born	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Harmon Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Marie Drumwright

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Marie Drumwright
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ..... 19....

19. UNDERTAKER .....
(Address)

20. FILED ..... 19.... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h..... alive on ..... 19.... Death is said to have occurred on the date stated above, at 8 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Still born	

Other contributory causes of importance:

Probably Lues

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Geo. H. Pendleton M. D.

(Address) 1632 Druid Hill Ave

VS 3

COPY SENT TO LOCAL REGISTRAR No 23 DATE 11/28/39

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastrocenteritis	*1 year*

NOV 2 1939

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09708

STATE OF MARYLAND—CERTIFICATE OF DEATH

(210-m)

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 27

Village or City Fort George G. Meade, Md. No. Station Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. 7 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Dutch If U. S. Veteran, specify WAR

(a) Residence: No. Fort George G. Meade, Md. St., Ward.
(Usual place of abode)
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 8, 1918.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Soldier

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. U S Army

10. Date deceased last worked at this occupation (month and year) Oct/39

11. Total time (years) spent in this occupation 2-7/12

12. BIRTHPLACE (city or town) Cadogan (State or country) Pa.

FATHER

13. NAME John Dutch

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Ford City, Pa. Date Oct. 11, 1939

19. UNDERTAKER Robert L Brooks & Son
(Address) Baltimore, Md.

20. FILED 10/10/39, 19
D.P.Card D.P. CARD, Colonel, M.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 10 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from October 9, 1939, to October 10, 1939

I last saw him alive on October 10, 1939; death is said to have occurred on the date stated above, at 5:10 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Automobile accident	10/8/39
Other Contributory Causes of importance: Subdural Concussion Cerebral, Hemorrhage	
Pneumonia Hypostatic	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, ~~Suicide~~, or Homicide? Yes Date of Injury 10/8, 1939

Where did Injury occur? Baltimore Md.
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Public street

Manner of Injury Automobile accident

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify U.S. Army

(Signed) H. Hume, Lt. Col. M. D.

(Address) Fort George G. Meade, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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NOV 3 1930
U. S. BUREAU

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09709

1. PLACE OF DEATH (81)

County Anne Arundel Registration Dist. No. ~~108~~ 21

Village or City Crownsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 2 mos. 12 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Marie Estep If U. S. Veteran, specify WAR

(a) Residence: No. Benedict, Maryland St., Ward. Chas.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, and year) 1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	unk	unk	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. none

10. Date deceased last worked at this occupation (month and year) --

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) near Hughesville (State or country) Maryland (Charles Co.)

FATHER

13. NAME Francis Estep

14. BIRTHPLACE (city or town) near Benedict (State or country) Charles County, Md.

MOTHER

15. MAIDEN NAME Eleanor Hill

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co., Md.

17. INFORMANT Hospital Record (Address) Crownsville, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Cemetery Bryantown, Md. Date 10/15/39; 19

19. UNDERTAKER Elmer M. Quade (Address) Hughesville, Md.

20. FILED 10/15/39, 19 Eva Chaffelson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 13 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1939, to Oct. 13, 1939

I last saw her alive on Oct. 13, 1939; death is said to have occurred on the date stated above, at 5:20 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Idiocy with spastic paraplegia	at birth

Other Contributory Causes of Importance:

Mal-nutrition, Marasmus and Cachexia

Name of operation none Date of --

What test confirmed diagnosis? -- Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? none Date of Injury --, 19--

Where did injury occur? -- (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. --

Manner of injury --

Nature of injury --

24. Was disease or injury in any way related to occupation of deceased? --

If so, specify --

(Signed) Gustave H. Poulsen M.D. M. D.

(Address) Crownsville, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09710

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (92-0)

County A.A. Registration Dist. No. 21

Village or City Eastport No. 423.4th St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia A. Farrell

(a) Residence: No. 423. 4th Eastport St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Widowed

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of James Farrell

6. DATE OF BIRTH (month, day, and year) Jan 21 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Annapolis, Md. (State or country)

FATHER

13. NAME James Farrell

14. BIRTHPLACE (city or town) Ireland (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Joseph Farrell (Address) 423.4th Street Eastport

18. BURIAL, CREMATION, OR REMOVAL

Place Annapolis, Md. Date Oct 20, 1939

19. UNDERTAKER B.L.Hopping (Address) Annapolis, Md.

20. FILED 10/19, 1939 J. J. Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October. 17, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 10-17, 1939, to 10-17-, 1939

I last saw her alive on 10-17-39, 19; death is said to have occurred on the date stated above, at 4:20 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Valvular disease, Cardiac	
with decompensation	Unknown

Other Contributory Causes of importance:

Myocarditis, Chronic
Arteriosclerosis
Arterial Hypertension
Senility.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jerry I. Miser M. D.

(Address) U.S. Naval Dispensary Annapolis, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (19)

CERTIFICATE OF DEATH

Reg. Dist. No. 21 — 19711

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Arnold Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 6 mts.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Alabama County: Jefferson

City or town: Birmingham Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Francis Marion Fossett

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Ollie T. Fossett

6(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): May 14th 1863

8. AGE: Years	Months	Days	If less than one day
76	5	8	hrs. min.

9. Birthplace: Robinsonville Miss. (Town, county, and state)

10. Usual occupation: Contractor Ret.

11. Industry or business

FATHER 12. Name: John Fossett

FATHER 13. Birthplace: Alabama

MOTHER 14. Maiden name: Julia Robinson

MOTHER 15. Birthplace: Alabama

16. Informant: Rev. C. L. Fossett

Address: Arnold. A. A. Co Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 23rd 1939 (month) (day) (year)

Cemetery or crematory:

Location: Birmingham Alabama

18. Funeral director: John M. Taylor

Address: Annapolis Md.

19. 10/22 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 21 1939, at 11 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 15 1939, to Oct. 21 1939, and that I last saw him alive on Oct 21 1939.

Immediate cause of death: Uremia

Due to: Chronic Nephritis

Due to: Chronic benign prostatic hypertrophy

Other conditions:

(Include pregnancy within 3 months of death)

DURATION
3 mo
2 yrs
6 yrs.

Major findings:

Of operations: None

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. Willis Martin M.D. M. D. or other

Address: Annapolis Md Date signed: 10/22/39

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09712

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

Reg. Dist. No. 283 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Gowansville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 4 months, 19 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: St Mary's

City or town: Chaptico Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Lola Fowler

3. (b) Social Security Number:

4. Sex: f.

5. Color or race: col.

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: —

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 1889

8. AGE: Years: 50 Months: ? Days: ? If less than one day: ____ hrs. ____ min.

9. Birthplace: St. Mary's County (Town, county, and state)

10. Usual occupation: domestic

11. Industry or business: —

FATHER
12. Name: William Fowler
13. Birthplace: ?

MOTHER
14. Maiden name: Susan ?
15. Birthplace: ?

16. Informant: hospital - record

Address:

17. Buried (Burial, cremation, or removal. Which?) Date thereof: 10-31-39 (month) (day) (year)

Cemetery or crematory: Second Heart

Location: Bushwood Md.

18. Funeral director: A. C. Welch Bros

Address: Chaptico Md

19. Oct. 29 1939 (Date rec'd by registrar) L. B. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 28 1939, at 6:05 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6. 9. 1939, to 10. 28 1939, and that I last saw her alive on 10. 28. 1939.

Immediate cause of death: tuberculosis of lungs

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy:

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Wm. T. Smith Roads M. D. or other

Address: Date signed:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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09713

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (84)

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 months

Stay in this community (yrs., or mos., or days): ----

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore City

City or town: Baltimore City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 606 Franklin St.,
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: -------

3. (a) FULL NAME: JUANITA GOODEN

3. (b) Social Security Number: --------

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	black	married

B (b) Name of husband or wife: XXXX Joshua Gooden

6(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): 1909

8. AGE: Years: 27 Months: Unknown Days: If less than one day: ___ hrs. ___ min.

9. Birthplace: New Jersey
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: -----

FATHER
12. Name: Israel Smith
13. Birthplace: Jamaica

MOTHER
14. Maiden name: Maria Besk
15. Birthplace: New Jersey

18. Informant: Hospital Records
Address: Crownsville, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11 - 2 - 39 (month) (day) (year)

Cemetery or crematory: Mt. Auburn Cem.

Location: Baltimore, Md

18. Funeral director: A. Halstead

Address: 918 Druid Hill Ave. Baltimore

19. Oct. 31 1939 (Date rec'd by registrar) E. F. Joyce D.L. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 30th 1939, at 10:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 30th 1939, to Oct. 30th 1939, and that I last saw her alive on Oct. 30th 1939.

Immediate cause of death: Exhaustion due to manic depressive psychosis

Due to:

Due to:

Other conditions: Manic depressive psychosis manic type
(Include pregnancy within 3 months of death)

Major findings: -----

Of operations:

Of autopsy: -----

DURATION

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: --- Date of:

Where did injury occur? ----- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): -----

Means of injury: Injured at work? ----

23. SIGNATURE: [signature] M. D. or other

Address: Crownsville, Md. Date signed: 10/30/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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09714

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County A A. Registration Dist. No. 20

Village or City Drury A. D. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Gross If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 7, 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Stillborn			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Drury A. D.
(State or country) A. A. Co. Md.

FATHER

13. NAME Richard Gross

14. BIRTHPLACE (city or town) Tracey's Landing
(State or country) A. A. Co. Md.

MOTHER

15. MAIDEN NAME Ewa Sharps

16. BIRTHPLACE (city or town) Brinsdale
(State or country) A. A. Co. Md.

17. INFORMANT Richard Gross
(Address) Drury Md

18. BURIAL, CREMATION, OR REMOVAL
Place Adams Chapel Date Oct 7, 1939

19. UNDERTAKER Richard Gross
(Address) Drury Md

20. FILED Oct 7, 1939 W. P. Clayton Registrar.
Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 7 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Stillborn, 19—, to Oct 7, 1939

I last saw h— alive on —, 19—; death is said to have occurred on the date stated above, at —m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Stillborn	
Syphilis — ?	
Fibroid of uterus	

Other Contributory Causes of Importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury —, 19—

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) F. B. Stear M. D.

(Address) Lothian

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-E)

09715

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 mo. 5 days

Stay in this community (yrs., or mos., or days): ------

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: Annapolis Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 18 Clay Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: -------

3. (a) FULL NAME: JAMES WILLIAM HARDESTY

3. (b) Social Security Number: -------

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	black	married

6 (b) Name of husband or wife: Unknown

6(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): 1868

8. AGE: Years	Months	Days	If less than one day
72	Unknown		---hrs. ---min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: -----

FATHER 12. Name: Zebiah Hardesty

FATHER 13. Birthplace: Maryland

MOTHER 14. Maiden name: Hattie Brown

MOTHER 15. Birthplace: Maryland

16. Informant: Hospital Records

Address: Crownsville, Maryland

17. (Burial, cremation, or removal. Which?) Cemetery or crematory: Brew Hill Location: Annapolis Md.

Date thereof (month) (day) (year): Oct. 22, 1939

18. Funeral director: Chas. H. Alexander

Address: 43, 45, Northwest St.

19. (Date rec'd by registrar) 10/21 1939 Registrar: J. J. Murphy

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 18th 1939, at 11:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 13th 1939, to Oct. 18 1939, and that I last saw him alive on Oct. 18th 1939.

Immediate cause of death	DURATION
Chronic myocarditis	
Due to	
Due to	
Other conditions: Psychosis with cerebral arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:

Of operations: -----

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ------ Date of

Where did injury occur? ------ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): --------

Means of injury: ---- Injured at work?

23. SIGNATURE: Mark L. Smith M. D. or other

Address: Crownsville, Md. Date signed: 10/19/39

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BUREAU V. S.

09716

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93-e

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 28 yrs. 2 mos. 27 das

Stay in this community (yrs., or mos., or days): -----

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Prince George's

City or town: Unknown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Unknown
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: -----

3. (a) FULL NAME: JOHN HAWKINS

3. (b) Social Security Number: ------

4. Sex: male

5. Color or race: black

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: -----

6(c) If alive, give age: ---- years

7. Birth date of deceased (mo., day, yr.): 1863

8. AGE: Years: 76 Months: Unknown Days: If less than one day: ---- hrs. ---- min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: -----

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. burial
(Burial, cremation, or removal. Which?)
Date thereof: 10/20/9 (month) (day) (year)

Cemetery or crematory: Hospital Cem.

Location: Crownsville Md.

18. Funeral director: Supt.

Address

19. 10/30/9 19 (Date rec'd by registrar) E F Joyce DL Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 17th, 1939, at 6:50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 21st 1911, to Oct. 17th 1939, and that I last saw him alive on Oct. 17th 1939.

Immediate cause of death: Chronic myocarditis and myocardial degeneration

Due to

Due to

Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: -----
Of autopsy: ------

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: ---- Date of

Where did injury occur? ------ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ------

Means of injury: ------ Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Crownsville, Md. Date signed: 10/17/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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09717

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 3 yrs.5 mos.15 das

Stay in this community (yrs., or mos., or days): -----

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: ~~Maryland~~ County: ~~Baltimore City~~

City or town: Washington, D. C. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 809 25th St., N. W., Washington
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: -----

3. (a) FULL NAME: HARRY JACKSON

3. (b) Social Security Number: ------

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	black	single

6 (b) Name of husband or wife: -----

6(c) If alive, give age: --- years

7. Birth date of deceased (mo., day, yr.): 1888

8. AGE: Years	Months	Days	If less than one day
51	Unknown		hrs. min.

9. Birthplace: Virginia
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: -----

FATHER
12. Name: George Jackson
13. Birthplace: Virginia

MOTHER
14. Maiden name: Annie (Unknown)
15. Birthplace: Virginia

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 10/18-9 (month) (day) (year)

Cemetery or crematory: Hospital Cemetery

Location: Crownsville Md

18. Funeral director: Supt.

Address:

19. Oct 18 1939 (Date rec'd by registrar) E F Joyce D L Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 12th 1939, at 3:25 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 27th 1936, to Oct. 12th 1939, and that I last saw him alive on Oct. 12th 1939.

Immediate cause of death: Chronic myocarditis with pulmonary oedema

Due to:

Due to:

Other conditions: Mental deficiency with a psychosis
(Include pregnancy within 3 months of death)

Major findings:

Of operations: -------

Of autopsy: ------

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ---- Date of:

Where did injury occur? ------ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ------

Means of injury: --- Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Crownsville, Md. Date signed: 10/12/3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T)

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09718

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (92-a)

County Anne Arundel County Registration Dist. No. 23

Village or City Brooklyn Md. R.R. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Annie D. Johnson If U. S. Veteran, specify WAR

(a) Residence: No. Crystal Springs U.S.A. St., Ward. (Usual place of abode) Mt. Pherson Sta. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year): Jan 27, 1862

7. AGE: Years 77 | Months 8 | Days 18 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Charlotte Co Va

FATHER

13. NAME: Jack Bowden

14. BIRTHPLACE (city or town) (State or country): Charlotte Co Va

MOTHER

15. MAIDEN NAME: Martha Sattler

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Elizabeth Price

18. BURIAL, CREMATION, OR REMOVAL

Place: Seminary Va Date: Oct 18, 1939

X 19. UNDERTAKER (Address): John T. Shinn 901-3rd St. S.W. Wash D.C.

20. FILED: Oct 15, 1939 McDeal Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 15th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 9th, 1939, to Oct 15, 1939

I last saw her alive on Oct 14th, 1939; death is said to have occurred on the date stated above, at 3 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis - Chronic Endocarditis	Unknown

Other **Contributory Causes** of importance:

Cerebral Hemorrhage	3 days

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) John J. Alexander M. D.

(Address) Glen Burnie Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2 09719

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Crownsville State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 4 yrs. 3mos, 13 das.
Stay in this community (yrs., or mos., or days): ------

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 415 High Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ------

3. (a) FULL NAME: IDA JOHNSON #1

3. (b) Social Security Number: ------

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	black	widowed

6 (b) Name of husband or wife: xxxx unknown
6(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): 1865

8. AGE: Years	Months	Days	If less than one day
74	?	?	---- hrs. ---- min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Housework
11. Industry or business: Unknown

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Mary Amanda Trigger
15. Birthplace: Unknown

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. ---- (Burial, cremation, or removal. Which?) Date thereof: Oct. 12th 39 (month) (day) (year)
Cemetery or crematory: Waugh Cemetery
Location: Cambridge Md.
18. Funeral director: W M St Clair
Address: 308 Muir St Cambridge Md

19. 10 11 1939 (Date rec'd by registrar) J J Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 8th 1939, at 1:40 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 25th 1935 to Oct. 8th 1939, and that I last saw her alive on Oct. 8th 1939.

Immediate cause of death	DURATION
Broncho pneumonia (bilateral)	
Due to	
Due to	
Other conditions: Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ----
Of autopsy: ----

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ---- Date of
Where did injury occur? ---- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): ----
Means of injury: ---- Injured at work? ----

23. SIGNATURE: Herbert D. Simkins M. D. or other
Address: Crownsville, Md. Date signed: 10/8/39

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-72)

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
County A. A.
City or town Brownswoods
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County A. A.
City or town Brownswoods Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Isadore Johnson

3. (b) Social Security Number none

4. Sex: Male
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) January 12 1909

8. AGE: Years 30 | Months ~~10~~ 9 | Days 18 | If less than one day hrs. min.

9. Birthplace A. A. Co. Md.
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name Marshall Johnson
13. Birthplace Md. A. A. Co.
MOTHER 14. Maiden name Annie Johnson
15. Birthplace Md. A. A.
16. Informant Oliver Johnson
Address Brownswoods A. A.
17. Burial (Burial, cremation, or removal, Which?) Date thereof Oct. 31 1939 (month) (day) (year)
Cemetery or crematory Broadneck
Location A. A. Co.
18. Funeral director J. B. Johnson
Address Annapolis
19. 10 31 1939 (Date rec'd by registrar) J J Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 28 1939, at 5:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1939, to Oct 28 1939, and that I last saw him alive on Oct 28 1939.

Immediate cause of death: Mitral & aortic insufficiency Chr. myocarditis — DURATION ?
Due to: Possibly Rheumatic fever
Due to
Other conditions: Decompensated
(Include pregnancy within 3 months of death)
Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Maurice F. Klawans, M D
M. D. or other
Address 31 Southgate Av Date signed 10/30/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (161-a)

09721

CERTIFICATE OF DEATH

Reg. Diat. No. 2-5

1. PLACE OF DEATH:

County: Anne Arundel Co.

City or town: Brooklyn Park
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 3-7th Ave. Brklyn Pk

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Balto. County: A. A. Co.

City or town: Brooklyn Pk Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 3-7th Ave -
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Baby girl Kellenberg

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W	

6 (b) Name of husband or wife:

B(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 10-24-39

8. AGE: Years | Months | Days | If less than one day: 2½ hrs. min.

9. Birthplace: 3-7th Ave Brooklyn Park
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER — 12. Name: Eric Kellenberg

FATHER — 13. Birthplace: Balto Md

MOTHER — 14. Maiden name: Hilda Kostek

MOTHER — 15. Birthplace: Balto. Md

16. Informant: Mother

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 24, 1939 (month) (day) (year)

Cemetery or crematory: Cedar Hill Cemetery

Location: A. A. Co. Maryland

18. Funeral director: W. M. Cook

Address: 1217 St. Paul St.

19. Oct 26 1939 (Date rec'd by registrar) Ida M. Whitson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10-24 1939, at 11:17 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-24 1939, to 10-24 1939, and that I last saw h[illegible] alive on 10-24 1939.

Immediate cause of death	DURATION
Atelectasis of Newborn	
Due to: Asphyxia	
Due to: Cardiac failure	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: No.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: D. Mesaena M.D.
M. D. or other

Address: 1403 S. Charles St. Date signed: 10/24/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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09722

STATE OF MARYLAND—CERTIFICATE OF DEATH

(82-a)

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 27

Village or City Fort George G. Meade, Md No. Station Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 7 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME HENRY KROLL *

(a) Residence: No. 67 Washington St. Frostburg Md St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Ruth Kroll

6. DATE OF BIRTH (month, day, and year): Dec. 21, 1886

7. AGE: Years 52, Months 10, Days 4, If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: CCC Enrollee
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: U.S Gov't.
10. Date deceased last worked at this occupation (month and year): Sept/39
11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (city or town) (State or country): Frostburg Md.

FATHER
13. NAME: Hermon Kroll
14. BIRTHPLACE (city or town) (State or country): Frostburg Md.

MOTHER
15. MAIDEN NAME: Ann a Elizabeth Lappe
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs Ruth Kroll, Frostburg Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Frostburg Md. Date: Oct 28, 1939

19. UNDERTAKER (Address): Robert Brooks & Son, Baltimore Md.

20. FILED: Oct 25, 1939
D.P.Card D.P.CARD, Colonel M.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 25 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1939, to Oct 25, 1939
I last saw him alive on Oct 25, 1939; death is said to have occurred on the date stated above, at 7:30 AM

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/17/39

Other Contributory Causes of importance:

Pneumonia Hypostatic; lobular and terminal. Duration: twenty-one days. C.W.R.	9/27/39

Name of operation Date of
What last confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. J. Madigan, Lt Col MC M. D.
(Address) Ft Geo G. Meade, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09723

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Annapolis Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 days.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: County:

City or town: Washington D. C. Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 4406 Kansas Ave N E. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Miles A. Krusen

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Maude I. Krusen

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept 29th 1872

8. AGE: Years: 67 | Months: | Days: 20 | If less than one day: hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Bricklayer

11. Industry or business:

FATHER — 12. Name: Henry S. Krusen

13. Birthplace: Maryland

MOTHER — 14. Maiden name: Sarah E. Burton

15. Birthplace: Maryland

16. Informant: Mrs Maude A. Krusen

Address: 4406 Kansas Ave. N. E Washington D C

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 20 1939 (month) (day) (year)

Cemetery or crematory:

Location: Washington D. C.

18. Funeral director: Francis J. Collins

Address: 3619 - 14th St. N.W. Washington D C

19. Oct 20 1939 (Date rec'd by registrar) J J Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 19 1939, at 11:45 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct. 17 1939 to Oct. 19 1939 and that I last saw him alive on Oct. 19, 1939

Immediate cause of death: Coronary Occlusion — DURATION: 2 days

Due to:

Due to:

Other conditions: Chronic Myocarditis + endocarditis (Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

J. Willis Martin M.D.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. Willis Martin M.D. (M. D. or other)

Address: Annapolis Md Date signed: 10/20/39

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OCT 24 1939
BUREAU

09724

STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (92-a)

County Anne Arundel Registration Dist. No. 23

Village or City River Road No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie B. Leach If U. S. Veteran, specify WAR

(a) Residence: No. River Road (Mr. Linthicum Hghts) Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward G. Leach

6. DATE OF BIRTH (month, day, and year) Aug. 13, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Storekeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own

10. Date deceased last worked at this occupation (month and year) Nov. 1935

11. Total time (years) spent in this occupation 34 yrs.

12. BIRTHPLACE (city or town) York Co (State or country) Pennsylvania

FATHER

13. NAME William Brenneman

14. BIRTHPLACE (city or town) York Co (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Amelia Bodbeck

16. BIRTHPLACE (city or town) York Co (State or country) Pa.

17. INFORMANT Mr Luther Brenneman.

(Address) River Road Linthicum.

18. BURIAL, CREMATION, OR REMOVAL Shaffer's Chapel Pa. Oct. 7 39

Place York County Date

19. UNDERTAKER Thomas W. Singleton

(Address) Glen Burnie, Md.

20. FILED Oct 4 1939 M. R. DeAlba Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 3 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1939, to Oct 3, 1939

I last saw h[illegible] alive on Oct 2, 1939; death is said to have occurred on the date stated above, at 4 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	
Myocarditis	1 yr.

Other Contributory Causes of Importance:

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David [illegible] M. D.

(Address) [illegible] Lee St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

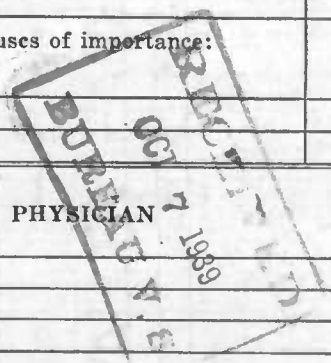
Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09725

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83)

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 mos. 22 days

Stay in this community (yrs., or mos., or days): -----

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery Count

City or town: Damascus Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Unknown
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: -------

3. (a) FULL NAME: WILLIAM EDWARD LYLES

3. (b) Social Security Number: ------

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	black	widowed

B (b) Name of ~~husband~~ or wife: Unknown

6(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): 1884

8. AGE: Years: 55 Months: Unknown Days: If less than one day: ____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: -----

FATHER
12. Name: George Lyles
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary Anne Thornton
15. Birthplace: Maryland

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 26 1939 (month) (day) (year)

Cemetery or crematory: Friendship

Location: Clagettsville Md

18. Funeral director: J B Beall Inc.

Address: Damascus Md.

19. Oct 24 1939 (Date rec'd by registrar) E. F. Joyce DR Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 24th 1939, at 9:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 2nd 1939, to Oct. 24th 1939 and that I last saw him alive on Oct. 24th 1939.

Immediate cause of death: General Paralysis of the Insane

Due to

Due to

Other conditions: Lues

(Include pregnancy within 3 months of death)

Major findings: ------

Of operations

Of autopsy: ------

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: ---- Date of

Where did injury occur? ------ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ------

Means of injury: ---- Injured at work?

23. SIGNATURE: Herb T. Hinkrods M. D. or other

Address: Crownsville, Maryland Date signed: 10/2439

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09726

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Anne Arundel — Registration Dist. No. 21

Village or City Annapolis Ind. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 68 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Hester Matthews If U. S. Veteran, specify WAR

(a) Residence: No. 38 Clay St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. COLOR OR RACE: Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Widow Matthews

6. DATE OF BIRTH (month, day, and year): 1870 (Est.)

7. AGE: Years: 68 y; Months: unknown; Days: unknown; If LESS than 1 day, — hrs. or — min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: at Home

10. Date deceased last worked at this occupation (month and year): 4 yrs ago

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Annapolis Anne Arundel Co Md.

FATHER

13. NAME: Alexander Sisco

14. BIRTHPLACE (city or town) (State or country): Annapolis Md.

MOTHER

15. MAIDEN NAME: Adeline unknown

16. BIRTHPLACE (city or town) (State or country): Annapolis Md.

17. INFORMANT (Address): Mrs Francis Bryan 38 Clay St

18. BURIAL, CREMATION, OR REMOVAL

Place: Brewerhill Cem. Date: Oct 10, 1939

19. UNDERTAKER (Address): E. H. & S. Parker 47 Washington St

20. FILED: 10-9, 1939 J. H. Marsh Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Oct (Month) 5th (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to Oct., 19—

I last saw her alive on ——, 1939; death is said to have occurred on the date stated above, at —— m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other Contributory Causes of importance:

Chr. arterial hypertension	Unknown
Chr. endo carditis	

Name of operation: none Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury ——, 19——

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. Willis Martin M. D.

(Address) Annapolis Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

NOV 6 1939

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

CERTIFICATE OF DEATH

09727

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 5 yrs.4 mos.17 das.

Stay in this community (yrs., or mos., or days): Unknown

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 818 N. Caroline St.,
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: ROBERT MATTHEWS #2

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	black	married

6 (b) Name of husband or wife: Minnie Matthews

6(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): 1869

8. AGE: Years	Months	Days	If less than one day
70	Unknown		hrs. min.

9. Birthplace: Virginia
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: -----

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-3-39 (month) (day) (year)

Cemetery or crematory: Mt. Calvary Cem.

Location: Baltimore, Md.

18. Funeral director: Mrs. Charles E. Bailey

Address: 1421 Jefferson St. Baltimore

19. 10/31 (Date rec'd by registrar) 1939 E.T. Joyce (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 31st 1939, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 14th 1934 to Oct. 31st 1939.

and that I last saw him alive on Oct. 31st 1939.

Immediate cause of death: Generalized arteriosclerosis — DURATION

Due to:

Due to:

Other conditions: Status Epilepticus
Chronic myocarditis
(Include pregnancy within 3 months of death)

Major findings: -------

Of operations:

Of autopsy: -------

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ------ Date of:

Where did injury occur? ------ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): --------

Means of injury: ------ Injured at work?

23. SIGNATURE: Hal L. Smith M. D. or other

Address: Crownsville, Md. Date signed 10/31/39

RECEIVED
NOV 6 1939
BUREAU V. S.

Has Moreland M.B.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107-a)

09728

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County Anne Arundel

City or town Annapolis
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital, Annapolis Md.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County A. A. Co.

City or town Harwood Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Catherine Molden

WITHIN CORPORATE LIMITS OF

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 27 1939

8. AGE: Years	Months	Days	If less than one day
	5	18	hrs. min.

9. Birthplace Harwood Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name George Moulden
13. Birthplace Mt Zion

MOTHER
14. Maiden name Mary Creek
15. Birthplace Drury

16. Informant George Moulden
Address Harwood

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 16 1939 (month) (day) (year)

Cemetery or crematory Moses Cemetery

Location Drury Md.

18. Funeral director T. A. Hardesty & Son
Address Galesville Md.

19. 10/16 1939 (Date rec'd by registrar) J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 15 1939, at 3:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 15 1939, to (as consultant) 19 , and that I last saw her alive on October 15, 1939.

Immediate cause of death: Bronchopneumonia — DURATION: 8 days.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Samuel M. Reichel M.D.
M. D. or other

Address Annapolis, Md. Date signed Oct 15, '39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1939
BUREAU V. S.

09729

STATE OF MARYLAND
CERTIFICATE OF DEATH

(8)

Registration Dist. No. 25

1 PLACE OF DEATH

County A. A. Co

Village or City Morris Hill (No. _____ St.: _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME — Noel

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: —

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): —

6 DATE OF BIRTH: Oct 6, 1939 (Month) (Day) (Year)

7 AGE: — yrs. — mos. — ds. If LESS than 1 day ___ hrs. or ___ min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business, or establishment in which employed or (employer): —

9 BIRTHPLACE (State or country): A. A. Co

PARENTS

10 NAME OF FATHER: Fred C Noel

11 BIRTHPLACE OF FATHER (State or country): Va.

12 MAIDEN NAME OF MOTHER: Elizabeth Schools.

13 BIRTHPLACE OF MOTHER (State or Country): Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fred C. Noel

(Address) Brooklyn Md

15 Filed Oct 10 1939 Ida M Whitam Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct 6, 1939 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Oct 5 1939 to _____, 192__, that I last saw h ___ alive on _____, 192__, and that death occurred on the data stated above, at ___ m.

The CAUSE OF DEATH * was as follows:

Placental abortion, 3½ mos. duration

Cause unknown

(Duration) ___ yrs. ___ mos. ___ ds.

Contributory Secondary _____

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) Ken D. Hoska M. D.

Oct 7 1939 (Address) 4 700 Pennington Ave Baltimore

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL _____, 19__

20 UNDERTAKER | ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

WRITE ONLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

Fetus disposed by parent.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Form laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOV 4 1909

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

09730

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 25

1 PLACE OF DEATH
County A.A.Co

Village or City Marley Park Ch No. _____ St.: _____ Ward) (If death occurred in a hospital or institution, give Its NAME instead of street and number.)

2 FULL NAME — Owens

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
—	White	—

6 DATE OF BIRTH Oct 7, 1939 (Month) (Day) (Year)

7 AGE — yrs. mos. — ds. | If LESS than 1 day hrs. or min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work —
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country) A.A.Co Md.

PARENTS

10 NAME OF FATHER Jess Owens

11 BIRTHPLACE OF FATHER (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Pearl Dauss

13 BIRTHPLACE OF MOTHER (State or Country) Balto. Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Pearl Dauss
(Address) Marley Park A.A.Co Md.

15 Filed Oct 10 1939 Ida M. Whitson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 7, 1939 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Oct 7 1939 to ____, 192__, that I last saw h[e] alive on ____, 192__, and that death occurred on the date stated above, at ____ m.

The CAUSE OF DEATH * was as follows:

Placental Abortion
3½ months
Mother fell Several flights
of stairs on Oct 6 '39 — injuries
Contributory or Secondary
(Duration) yrs. mos. ds.

(Signed) Leon D. Hoch M. D.
Oct 8 1939 (Address) 4700 Reisterstown Rd Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	, 19
20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Fetus disposed by parents.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

BUREAU V. S. CENSUS
OCT 4 1909

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09731

(131)

1. PLACE OF DEATH

County A. A. Registration Dist. No. 22

Village or City Near Patuxent Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Redmiles If U. S. Veteran, specify WAR

(a) Residence: No. Odenton R.F.D. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Redmiles

6. DATE OF BIRTH (month, day, and year) June 9th 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	94	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. retired

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Redmiles

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Hutchison

16. BIRTHPLACE (city or town) (State or country) Md. Ohio.

17. INFORMANT (Address) Mrs Lillie Hampton Seat Pleasant Md

18. BURIAL, CREMATION, OR REMOVAL Place Patuxent Md Date Oct 6, 1939

19. UNDERTAKER (Address) Lloyd Lauer Laurel Md.

20. FILED Oct 6, 1939 W. S. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month) Oct 4 (Day), 1938 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Apr. 23, 1937 to Oct, 1939

I last saw him alive on Sept 9, 1939; death is said to have occurred on the date stated above, at 1:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular renal Disease —	1937
Other Contributary Causes of importance: Chronic Otitis media and Mastoiditis.	5-21-38

Name of operation Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of Injury

Nature of injury

24. Wes diseese or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. M. Harris M. D.

(Address) Laurel Md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED NOV 7 1939 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09732

STATE OF MARYLAND—CERTIFICATE OF DEATH

(46-B)

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 23-

Village or City Glen Burnie, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? 49 yrs. ___ mos. ___ ds.

2. FULL NAME Frank F. Roesler If U. S. Veteran, specify WAR None -

(a) Residence: No. Railroad Ave. Glen Burnie, Md. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Antonia Roesler

6. DATE OF BIRTH (month, day, and year) May 17, 1884

7. AGE: Years 55 | Months 4 | Days 18 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Contractor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Builder

10. Date deceased last worked at this occupation (month and year) May 1939

11. Total time (years) spent in this occupation 15 yrs.

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME William Roesler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ~~Unknown~~ Eva Newman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Francis W. Roesler. (Address) Glen Burnie, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill. Date Oct. 4, 1939

19. UNDERTAKER Thomas W. Dugleton (Address) Glen Burnie, Md

20. FILED Oct 3, 1939 McDeAlba Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 1st, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from May, 1939, to Oct 1, 1939

I last saw her alive on Oct., 1939; death is said to have occurred on the date stated above, at 8:10 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of the Stomach	May 1939.

Other Contributory Causes of importance:

Gastrostomy

Name of operation ~~[illegible]~~ yes Date of May 1939

What test confirmed diagnosis? Symptom Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James S. Bellingolea M. D.

(Address) Glen Burnie. Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 3, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED NOV 4 1929 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09733

1. PLACE OF DEATH (93-C)

County Anne Arundel Registration Dist. No. 25

Village or City Brooklyn No. 903 Annapolis Blvd St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lewis H Samm Jr. If U. S. Veteran, specify WAR

(a) Residence: No. 903 Annapolis Blvd St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lenora Samm

6. DATE OF BIRTH (month, day, and year) June 24 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Cooper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Henry Samm

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lenora D D Samm (Address) 903 Annapolis Blvd

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date Oct 4, 1939

19. UNDERTAKER William M. Marack (Address) 715 Light St.

20. FILED Oct 3, 1939 Ida M. Whitman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 1 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1939, to Oct 1, 1939

I last saw h alive on Sept 30, 1939, death is said to have occurred on the date stated above, at 3.55 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of Importance were as follows:

	Date of onset
Odema of Lungs	3 days
Other **Contributory Causes** of Importance: Generalized Arteria Sclerosis	10 yrs
Chronic Myocarditis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. L. Lichtentag M. D.

(Address) 1111 Madison Ave

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

09734

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 4 years 4 days

Stay in this community (yrs., or mos., or days): -------

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: Unknown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Unknown
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: Unknown

3. (a) FULL NAME: EDWARD SCOTT

3. (b) Social Security Number: Unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	black	married

6 (b) Name of husband or wife: Unknown

6(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): 1895

8. AGE:

Years	Months	Days	If less than one day
44	Unknown		---hrs. ---min.

9. Birthplace: Indiana
(Town, county, and state)

10. Usual occupation: Cook

11. Industry or business: Unknown

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/18/39 (month) (day) (year)

Cemetery or crematory: Hospital Cemetary

Location: Crownsville

18. Funeral director: Supt

Address

19. Oct-18-39 (Date rec'd by registrar) E A Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 11th 1939, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 7th 1935 to Oct. 11 1939, and that I last saw him alive on Oct. 11th 1939.

Immediate cause of death: Tuberculosis of the lungs — DURATION

Due to

Due to

Other conditions: -------

(Include pregnancy within 3 months of death)

Major findings:

Of operations: -------

Of autopsy: -------

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ---- Date of

Where did injury occur? ---- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -----

Means of injury: ---- Injured at work?

23. SIGNATURE: H. V. Thompson M. D. or other

Address: Crownsville, Md. Date signed 10/11/39

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

09735

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Anne Arundel
City or town near Jacobsville Pasadena P.O.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: none
Stay in hospital or inst. (yrs., or mos., or days) none
Stay in this community (yrs., or mos., or days) none

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Anne Arundel
City or town Jacobsville Pasadena P.O. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Sellers

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	negro	married

6 (b) Name of husband or wife Alec Sellers
6(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) 10-14-1872

8. AGE: Years 67 | Months | Days 1 | If less than one day hrs. min.

9. Birthplace Wilson, North Carolina
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

FATHER 12. Name unknown
13. Birthplace

MOTHER 14. Maiden name unknown
15. Birthplace

16. Informant Alec Sellers
Address Lake Shore Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-20-39 (month) (day) (year)

Cemetery or crematory Mt. Auburn
Location Baltimore Md

18. Funeral director William A Jackson
Address 916 Penna ave

19. 10-15-39 (Date rec'd by registrar) L.A. Beise Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 15 1939, at 9A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Post-mortem to Examination and that I last saw h alive on 19

Immediate cause of death Cerebral Hemorrhage — DURATION 10/15/39

Due to Arteriosclerosis — 1935

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John M. Caffy Deputy Medical Examiner
M. D. or other
Address Annapolis, Md Date signed 10/15/39

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BUREAU V. S.

09736

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (119)

County Anne Arundel Registration Dist. No. 20

Village or City Stanwood No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Arnell Sims If U. S. Veteran, specify WAR

(a) Residence: No. Stanwood St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 1. 1939

7. AGE Years Months 8 Days 7 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Stanwood (State or country) Md

FATHER

13. NAME Jos Sims

14. BIRTHPLACE (city or town) (State or country) A.A. Co

MOTHER

15. MAIDEN NAME Diana Creek

16. BIRTHPLACE (city or town) (State or country) A.A. Co

17. INFORMANT Joseph Sims (Address) Stanwood Md

18. BURIAL, CREMATION, OR REMOVAL Place Adam Cem Date Oct 9, 1939

19. UNDERTAKER F.A. Stardisty & Son (Address) Galesville Md.

20. FILED Oct 9, 1939 W.R. Clayton Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 8 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1939, to Oct 8, 1939

I last saw her alive on Oct 8, 1939, death is said to have occurred on the date stated above, at 4 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Diarrhea & Enteritis	Sept 29

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Reuben Sasser M. D.

(Address) Upper Marlboro Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State tbe particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09737

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (8)

County Anne Arundel Registration Dist. No. 21

Village or City Annapolis, Md. No. 911 - West St., St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Infant Smothers If U. S. Veteran, specify WAR .....

(a) Residence: No. 911 West St., St., Ward. (Usual place of abode) If nonresident give city or town and State

WITHIN CORPORATE LIMITS OF

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Col	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct. 9, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) 911 - West St., (State or country) Annapolis Md.

FATHER

13. NAME Richard Smothers

14. BIRTHPLACE (city or town) Annapolis (State or country) Md

MOTHER

15. MAIDEN NAME Dorthy Harris

16. BIRTHPLACE (city or town) Washington (State or country) D.C.

17. INFORMANT Dorthy Harris (Address) 911 - West St., Annapolis Md

18. BURIAL, CREMATION, OR ~~REMOVAL~~

Place Annapolis Md Date Oct 12th, 1939

19. UNDERTAKER (Address) Father) Richard Smother Annapolis Md.

20. FILED Oct 12, 1939 J. J. Murphy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. (Month) 9 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to Only on Oct 9, 1939

I last saw h..... alive on ....., 19.....; death is said to have occurred on the date stated above, at 10:00 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Still Born (Prematurity)

Date of onset

Other Contributory Causes of Importance: None

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) R. L. Richardson M. D.

(Address) 110 - Clay St., Annapolis Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

See birth certificate dated 10/9/39 signed by midwife.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (213-d)

09738

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Chesapeake Bay. (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland. County:

City or town: Baltimore Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 4904 Arabia Ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Frank L. Stanek

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Muriel M. Stanek

Alive 6(c) If alive, give age: 36 years

7. Birth date of deceased (mo., day, yr.): Feby 12th 1903

8. AGE:

Years	Months	Days	If less than one day
36	8	2	hrs. min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual occupation: Clerk.

11. Industry or business: Gas. Electric Co.

FATHER 12. Name: Frank Stanek

FATHER 13. Birthplace: Baltimore Md.

MOTHER 14. Maiden name: Antonette Janda

MOTHER 15. Birthplace: Baltimore Md.

16. Informant: Muriel M. Stanek

Address: 4904 Arabia Ave. Balto. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 18th 1939 (month) (day) (year)

Cemetery or crematory: Parkwood.

Location: Baltimore Md.

18. Funeral director: William Cook

Address: 1 Paul St. Balto. Md.

19. 10/17 (Date rec'd by registrar) 39 J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 15 19 39, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Post Mortem Examination, and that I last saw h alive on 19

Immediate cause of death: Accidental drowning

Due to: sinking of boat

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accidental Date of: 10/14/39

Where did injury occur? Chesapeake (City or town) Bay. (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: John M. Claffy Deputy medical examiner

Address: Annapolis, Md. M. D. or other

Date signed: 10/17/39.

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OCT 20 1939
BUREAU V. E.

09739

STATE OF MARYLAND—CERTIFICATE OF DEATH

(82-0)

1. PLACE OF DEATH

County Anne Arundel Registration Dist. No. 23

Village or City Severn No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Stein If U. S. Veteran, specify WAR None

(a) Residence: No. Thompson Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Birtha~~ Anna Stein,

6. DATE OF BIRTH (month, day, and year) Nov 14, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Janitor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Balto Copper Works

10. Date deceased last worked at this occupation (month and year) 1922

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Somerset Co. (State or country) Md.

FATHER

13. NAME Unknow Stain

14. BIRTHPLACE (city or town) Unknown (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country) Unknown

17. INFORMANT Thomas J. Murphy (Address) 2915 Fait Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Glen Haven Memorial Park Date Oct 9, 1939

19. UNDERTAKER Thomas W. Singleton (Address) Glen Burnie, Md.

20. FILED Oct 9, 1939 [illegible] Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. (Month) 7 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Post Mortem Exam 19 to 19; I last saw him alive on 19; death is said to have occurred on the date stated above, at m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/7/39
Other **Contributory Causes** of Importence:	
Arterio-sclerosis	1922
Left Inguinal Hernia	1922

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John M. Caffey Deputy Medical Examiner

(Address) Annapolis, Md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09740

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 yrs. 8 mos. 16 das

Stay in this community (yrs., or mos., or days): ------

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 15 Spring Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ------

3. (a) FULL NAME: JAKE STUARD

3. (b) Social Security Number: ------

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	black	married

6 (b) Name of ~~Husband~~ Wife: Jane Stuard

6(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): 1882

8. AGE: Years	Months	Days	If less than one day
56	Unknown		---- hrs. ---- min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: ------

FATHER — 12. Name: Jake Stuard

13. Birthplace: Maryland

MOTHER — 14. Maiden name: Mary (Unknown)

15. Birthplace: Maryland

16. Informant: Hospital Records

Address: Crownsville, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/20/9 (month) (day) (year)

Cemetery or crematory: Hospital Cem.

Location: Crownsville

18. Funeral director: Supt

Address:

19. 10/20/9 (Date rec'd by registrar) E. T. Joyce, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 15th 19 39, at 6:25 M A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 29th 19 37, to Oct. 15 19 39, and that I last saw h im alive on Oct. 15th 19 39.

Immediate cause of death	DURATION
Chronic myocarditis	
Due to	
Due to	
Other conditions: General arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: ------

Of autopsy: ------

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ------ Date of

Where did injury occur? ------ (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?): ------

Means of injury: Injured at work? ----

23. SIGNATURE: Albert L. Woodcock, M. D. or other

Address: Crownsville, Md. Date signed 10/15/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

09741

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County d a
City or town annapolis
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 45 Fleet st
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State maryland County a. a
City or town annapolis md Ward No. 1
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 45 Fleet st
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

WITHIN CORPORATE LIMITS OF

3. (a) FULL NAME Baby Taylor

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
m	col	single

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 8 - 1939

8. AGE: Years — Months — Days — If less than one day hrs. min.

9. Birthplace annapolis md (Town, county, and state)

10. Usual occupation —

11. Industry or business

FATHER
12. Name Joseph Taylor
13. Birthplace annapolis md

MOTHER
14. Maiden name Allice Page
15. Birthplace annapolis md

16. Informant Joseph Taylor
Address 45 Fleet St annapolis md

17. Burial Date thereof Oct 9 / 39
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Brewer Hill
Location annapolis md

18. Funeral director B L Hopkins
Address annapolis md

19. 10 9 19 39 J. J. Murphy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 8 19 39, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ——, 19—, to ——, 19—, and that I last saw h— alive on ——, 19—.

Immediate cause of death	DURATION
Pneumonia	
Due to lagrippe	
Due to Broncho pneumonia	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. J. Murphy (Registrar)
M. D. or other
Address annapolis Md Date signed 10-9-39

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (184)

CERTIFICATE OF DEATH

W9742

Reg. Dist. No. 22

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Jessups (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: House of Correction
Stay in hospital or inst. (yrs., or mos., or days): 20 days
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State: North Carolina County:
City or town: Rhodkie Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Irvin Vincent

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	negro	single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
24			hrs. min.

9. Birthplace: North Carolina (Town, county, and state)
10. Usual occupation: Farm hand
11. Industry or business: General farming

FATHER
12. Name: Eli Vincent
13. Birthplace: North Carolina

MOTHER
14. Maiden name: Adelina Everett
15. Birthplace: North Carolina

16. Informant: Mr. Stennis Deputy Warden
Address: House of Correction, Jessups, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 24 1939 (month) (day) (year)
Cemetery or crematory: Cherry Hill Cem.
Location: near Jessup md
18. Funeral director: C.P. Marshall.
Address: Jessup md

19. Oct 24th 1939 (Date rec'd by registrar) Clara M. Hasleup Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 18 1939, at 6:37 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Post-mortem to Examination and that I last saw h alive on 19

Immediate cause of death: Myocardial failure
Shock
Hemorrhage
DURATION: 10/17/39

Due to: bullet wound inflicted by guard at House of Correction while the attempted escape

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Laceration of intestines and omentum hemorrhage
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: shot while attempting escape. Date of
Where did injury occur? a short distance from House of Correction (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Shot gun wound Injured at work?

23. SIGNATURE: John M. Gaffey Deputy Medical Examiner M. D. or other
Address: Annapolis, Md Date signed 10/18/39

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09743

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (210 m)

County Anne Arundel Registration Dist. No. 21

Village or City near Jacobsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Wegierski If U. S. Veteran, specify WAR

(a) Residence: No. Jacobsville, Md St., Pasadena Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Wegierski 1890

6. DATE OF BIRTH (month, day, and year): Apr. 14, ~~1939~~

7. AGE: Years 49 | Months 5 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farm Hand

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: general farming

10. Date deceased last worked at this occupation (month and year): 10/6/39

11. Total time (years) spent in this occupation: 6

12. BIRTHPLACE (city or town) (State or country): Poland.

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT (Address): Alphonse Wegierski 1522 E. Clement St Balto

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Rosary Cem Date: 10/10, 1939

19. UNDERTAKER (Address): Mary Weber 401 South Chester St

20. FILED: Oct 9, 1939 M. DeAlba Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct. (Month) 7 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Post mortem Examination

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at time not known.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Hit by automobile	between 8 P.M. 10/6/39 and 6 A.M. 10/7/39
Fracture of skull	
Fracture of bones of face	
Hemorrhage	

Other Contributory Causes of Importance:

Name of operation: no Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Oct 7, 1939

Where did injury occur? Mountain Rd. near Jacobsville, Md. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. State Road 5 miles east of Lipins Corner

Manner of injury: Hit and run automobile driver.

Nature of injury: Fracture of Skull and facial bones

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John M. Claffey Deputy medical examiner

(Address) Annapolis, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
NOV 6 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09744

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (106-B)

County A.A. Registration Dist. No. 21

Village or City Annapolis, No. 81 Conduit St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Grace Colby, Westbrook

WITHIN CORPORATE LIMITS OF

(a) Residence: No. 81 Conduit St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry S. Westbrook

6. DATE OF BIRTH (month, day, and year) Sept 22 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Albany. N.Y.

FATHER

13. NAME Bradford Phipps

14. BIRTHPLACE (city or town) (State or country) Albany, N.Y.

MOTHER

15. MAIDEN NAME Sarah E. Colby

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Henry S. Westbrook

(Address) 81 Conduit St. Annapolis, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Albany, N.Y. Date Oct 14 1939

19. UNDERTAKER B.L. Hopping

(Address) Annapolis, Md.

20. FILED 10 13, 1939 J J Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 11, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1939, to Oct. 11, 1939

I last saw her alive on Oct 11, 1939; death is said to have occurred on the date stated above, at 8.30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Abscess of the right lung	Jan. 1939

Other Contributory Causes of importance:

Bronchitis - Chronic	Jan 1939

Name of operation None Date of

Whet test confirmed diagnosis? Chronic Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Albert L. Anderson M. D.

(Address) Annapolis, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(73-c)

09745

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 yr. 11 mos. 13 das.

Stay in this community (yrs., or mos., or days): ------

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Calvert

City or town: Adeline P.O. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Unknown
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ------

3. (a) FULL NAME: WM. HENRY WHITE

3. (b) Social Security Number: ------

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	black	widowed

6 (b) Name of husband or wife: Unknown

6(c) If alive, give age: ---- years

7. Birth date of deceased (mo., day, yr.): Maryland 1872

8. AGE:

Years	Months	Days	If less than one day
67	Unknown		---- hrs. ---- min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: -----

FATHER
12. Name: Ross White
13. Birthplace: Maryland

MOTHER
14. Maiden name: Rebecca Gross
15. Birthplace: Maryland

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. burial (Burial, cremation, or removal. Which?) Date thereof 10/21/39 (month) (day) (year)

Cemetery or crematory: Hospital Cem.

Location: Crownsville

18. Funeral director: Supt -

Address:

19. 10/21/39 (Date rec'd by registrar) E T Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 15th 1939, at 12:15

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 2nd 1937, to Oct. 15 1939, and that I last saw h- im alive on Oct. 15th 1939.

Immediate cause of death	DURATION
Chronic myocarditis	
Due to	
Due to	
Other conditions: General arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: ------

Of autopsy: ------

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ------ Date of

Where did injury occur? ------ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ------

Means of injury: ------ Injured at work?

23. SIGNATURE: H. Hart T. Bonsteel M. D. or other

Address: Crownsville, Md. Date signed 10/15/3

RECEIVED
NOV 6 1939
BUREAU V. S.

09746

STATE OF MARYLAND—CERTIFICATE OF DEATH

(22-a)

1. PLACE OF DEATH

County Annie Arundel Registration Dist. No. 20

Village or City Tracys Landing No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lizzie Wilkerson If U. S. Veteran, specify WAR

(a) Residence: No. Tracys Landing St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Wilkerson

6. DATE OF BIRTH (month, day, end year) Sept 20 1881

7. AGE	Yeers	Months	Days	If LESS than 1 day, hrs. or min.
	58	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Housekeeper

9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.

10. Date deceesed last worked at this occupetion (month end yeer)

11. Total time (yeers) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Samuel Gross

14. BIRTHPLACE (city or town) (Stete or country) Md

MOTHER

15. MAIDEN NAME Martha Gross

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Bonnie Powell (Address) Tracys, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Tracys, Md Dete Oct 17, 1939

19. UNDERTAKER T. A. Hardesty & Son (Address) Galesville

20. FILED Oct 16, 1939 W. R. Clayton Dep Md Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) Sunday 15 (Dey) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April, 19 39, to Oct 15, 19 39

I last saw h.er alive on June, 19 39; death is said to heve occurred on the date stated ebove, at 4.00 P. m.

The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:

	Date of onset
Cerebral Hemorrhage	

Other Contributory Causes of Importance:

Arteriosclerosis	
Hypertension	

Neme of operetion Dete of

What test confirmed diegnosis? Wes there an autopsy?

23. If death was due to external ceuses (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, couoty aod State)

Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.

Menner of injury

Neture of Injury

24. Was diseese or Injury in any way related to occupetion of deceased? No

If so, specify

(Signed) Emily H. Uhlem M. D.

(Address) Lothian Md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09747

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-6)

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Crownsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Crownsville State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 yrs. 10 mos. 10 das

Stay in this community (yrs., or mos., or days): ------

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1422 Charles Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: --------

3. (a) FULL NAME: FRANK WILSON

3. (b) Social Security Number: ---------

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	black	single

6 (b) Name of husband or wife: -----

6(c) If alive, give age: ----- years

7. Birth date of deceased (mo., day, yr.): 1872

8. AGE: Years: 67 Months: Unknown Days: If less than one day: ___ hrs. ___ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Preacher

11. Industry or business: -----

FATHER
12. Name: Jake Wilson
13. Birthplace: Maryland

MOTHER
14. Maiden name: Anna (Unknown)
15. Birthplace: Maryland

16. Informant: Hospital Records
Address: Crownsville, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/6-9 (month) (day) (year)

Cemetery or crematory: Hospital

Location: Crownsville

18. Funeral director: Supt

Address:

19. Nov 6 1939 (Date rec'd by registrar) E F Joyce Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 31st 1939, at 6:50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 22nd 1936, to Oct. 31st 1939, and that I last saw him alive on Oct. 31st 1939.

Immediate cause of death: Hypertensive cardio vascular disease

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings: ---------

Of operations:

Of autopsy: ------

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ----- Date of:

Where did injury occur? ----- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ------

Means of injury: ---- Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Crownsville, Md. Date signed: 10/31/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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DEC 5 1930
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09748

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Annapolis, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital.

Stay in hospital or inst. (yrs., or mos., or days): 2 days

Stay in this community (yrs., or mos., or days): 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: A.A.Co.

City or town: Crownsville, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Crownsville, P.O. Md.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Michael John Zabrauskas

WITHIN CORPORATE LIMITS OF

3. (b) Social Security Number

4. Sex: M

5. Color or race: wh.

6. (a) Single, married, widowed, or divorced: —

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct. 26 - 1939

8. AGE: Years | Months | Days: 2 | If less than one day ____ hrs. ____ min.

9. Birthplace: Annapolis, A.A.Co. Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: George Anthony Zabrauskas
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden name: Virginia Vogts Gaddis
15. Birthplace: New York City, N.Y.

16. Informant: father - Geo. Zabrauskas.
Address: Crownsville, P.O. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 30th 1939 (month) (day) (year)

Cemetery or crematory: Cedar Bluff Cemt.

Location: Annapolis, Md

18. Funeral director: John M. Taylor

Address: Annapolis Md

19. 10/30 1939 (Date rec'd by registrar) J. J. Murphy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 28 1939, at 11:57 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 26 1939, to Oct. 28 1939, and that I last saw him alive on Oct. 28 1939.

Immediate cause of death: prematurity.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Samuel Bowsrich, M.D.
M. D. or other

Address: Hotel Md. Bldg., Annapolis, Md. Date signed: 10/4/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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